



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: June 1 - June 30 • **Filing Fee:** \$20.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 153017		2. Name of Corporation RHODE ISLAND CHILDREN'S CHORUS, INC	
3. State of Incorporation Rhode Island		4. Corporate address in Rhode Island - Street Address 75 NORTH HILL RD.	
		City HARRISVILLE	Zip 02830
5. Foreign corporation. Enter principal office address		City	State Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island MUSIC EDUCATION, VOCAL SKILLS DEVELOPMENT, MUSIC APPRECIATION THROUGH SINGING			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Joyce R. Wolfe		Vice President Name CHRISTINE NOEL	
Street Address 75 NORTH HILL RD		Street Address 75 NORTH HILL Rd	
City HARRISVILLE	State RI	Zip 02830	City HARRISVILLE
Secretary Name Cheryl Durand		Treasurer Name ANTONIA Roselli	
Street Address 20 BEAMIS AV		Street Address 429 EAST AVE	
City CUMBERLAND	State RI	Zip 02864	City HARRISVILLE
City HARRISVILLE		State RI	Zip 02830
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23			
Director Name KATHLEEN ROBERTS		Director Name Lucille Noel	
Street Address 359 EVANS RD		Street Address 19 Killian Rd	
City CHEPACHET	State RI	Zip 02814	City JOHNSTON
City JOHNSTON		State RI	Zip 02919
Director Name ANTONIA Roselli		Director Name Joyce Wolfe	
Street Address 429 EAST AVE		Street Address 75 NORTH HILL Rd	
City HARRISVILLE	State RI	Zip 02830	City HARRISVILLE
City HARRISVILLE		State RI	Zip 02830
9. REGISTERED AGENT IN RHODE ISLAND JOYCE WOLFE 75 NORTH HILL RD HARRISVILLE RI 02830			

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer: Joyce Wolfe Date: 6/15/09
 Print or Type Name of Officer: JOYCE WOLFE 6/15/09
 Title of Officer: PRESIDENT

File Date	FILED
Check No.	JUN 18 2009
By:	<u>291</u>
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